



Washington State
CERTIFICATE OF MARRIAGE

SAMPLE FORM

| | |
|--------------------|---------------------|
| COUNTY OF LICENSE: | |
| DATE VALID | NOT VALID AFTER |

Marriage ceremony must be performed in the State of Washington.

Please type or print clearly in permanent black ink.

State File Number

| COUNTY AUDITOR | | | |
|--|---|--|---|
| COUNTY AUDITOR'S SIGNATURE X | | DATE RECEIVED (MM DD YYYY) | |
| PERSON A CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | | PERSON B CHECK ONE <input type="checkbox"/> BRIDE <input type="checkbox"/> GROOM <input type="checkbox"/> SPOUSE | |
| LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) | | LEGAL NAME BEFORE MARRIAGE (FIRST/MIDDLE/LAST) | |
| BIRTH NAME (IF DIFFERENT) | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | BIRTH NAME (IF DIFFERENT) | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| CURRENT RESIDENCE – STREET, CITY/TOWN | | CURRENT RESIDENCE – STREET, CITY/TOWN | |
| COUNTY OF RESIDENCE | STATE OF RESIDENCE | COUNTY OF RESIDENCE | STATE OF RESIDENCE |
| DATE OF BIRTH (MM DD YYYY) | BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) | DATE OF BIRTH (MM DD YYYY) | BIRTH STATE (IF NOT USA, PROVIDE COUNTRY) |
| MOTHER/PARENT BIRTH NAME | | MOTHER/PARENT BIRTH NAME | |
| FATHER/PARENT BIRTH NAME | | FATHER/PARENT BIRTH NAME | |
| MOTHER/PARENT BIRTH STATE (OR COUNTRY) | FATHER/PARENT BIRTH STATE (OR COUNTRY) | MOTHER/PARENT BIRTH STATE (OR COUNTRY) | FATHER/PARENT BIRTH STATE (OR COUNTRY) |
| OFFICIANT | | | |
| I certify that the undersigned, by authority of license issued by the County noted above, did on this day join in lawful wedlock with their mutual consent in the presence of witnesses. In testimony whereof, witness our signatures: | | | |
| DATE OF MARRIAGE (MM DD YYYY) | COUNTY OF CEREMONY | TYPE OF CEREMONY (CHECK ONE) <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> CIVIL | DATE SIGNED (MM DD YYYY) |
| OFFICIANT'S ADDRESS (STREET, CITY, STATE AND ZIP CODE) PLEASE PRINT | | | OFFICIANT'S DAYTIME PHONE |
| OFFICIANT'S NAME (PRINT) | | OFFICIANT'S SIGNATURE X | |
| WITNESS SIGNATURE X | | WITNESS SIGNATURE X | |
| PERSON A SIGNATURE X | | | DATE SIGNED (MM DD YYYY) |
| PERSON B SIGNATURE X | | | DATE SIGNED (MM DD YYYY) |

| Social Security Number for Applicants | |
|---|-----------------------------------|
| Department of Health is required to collect your Social Security Number in order to assist in child support laws (Section 7, Chapter 160 Laws of 1998). If you do not have a Social Security Number, you are required to complete the Social Security Declaration. | |
| PERSON A - SOCIAL SECURITY NUMBER | PERSON B - SOCIAL SECURITY NUMBER |
| PERSON A - NAME | PERSON B - NAME |

| Declaration in Absence of a Social Security Number | |
|--|------|
| I have not furnished a Social Security Number on my application for registration of a marriage certificate, because I do not have a Social Security Number. I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. | |
| Person A Signature | Date |
| Person B Signature | Date |

Center for Health Statistics
**MARRIAGE CERTIFICATE
 INSTRUCTIONS**

(RCW 26.04.090)

County Section

Dates Valid ----- Completed at the time the application for marriage license is filed.

Spouse Information -- Completed at the time the application for marriage license is filed.

Received ----- Completed by the county auditor when the certificate is filed.

Officiant Section

Ceremony ----- Date and county of ceremony are required.

Officiant Information-- Signature and complete address are required.

Signatures ----- The signatures of the spouses, two witnesses and date signed are required.

Back

SSN verification ----- Completed at the time the application for marriage license is filed.

NOTE: *The officiant is required by law to return the marriage certificate to the county auditor where the license was obtained within thirty (30) days of the marriage ceremony.*